

**BUSINESS AUTHORIZATION
FOR PLACEMENT OF VENDING DEVICE ON PREMISES
T.C.A. §48-101-521(a)(3)**

BUSINESS NAME: _____

ADDRESS: _____

STREET, P.O. BOX NUMBER

CITY, STATE, ZIP CODE

PHONE: () _____

SIGNATURE OF AUTHORIZED PERSONNEL: _____

VENDOR SIGNATURE: _____

PRINT VENDOR NAME/COMPANY NAME: _____

REGISTRATION NO.: _____

IS THE LOCATION OF THE VENDING DEVICE
THE SAME AS ABOVE ADDRESS? YES _____ NO _____

IF NO, GIVE ADDRESS OF LOCATION OF THE VENDING DEVICE:

